



**PUBLIC RECORDS REQUEST FORM**

**REQUEST FOR RESEARCH & COPIES**

**CUSTODIAN OF RECORDS**

**1 Courthouse Square, Liberty, MO 64068**

**Email: Clerk@claycountymo.gov Phone (816) 407-3570**

No. 2017- \_\_\_\_\_  
Clerk Rcvd \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

**This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri**

(Please **clearly** complete this form in its entirety where applicable in order to assist in processing your request in a timely manner.)

This request is per RSMo 610, the Missouri Sunshine Law. The request is to be responded to by the end of the third business day (excluding holidays and weekends). A response constitutes either compliance of the records requested, a reason for delay or legal explanation as to why the records may not be available as requested. The response may require additional time or charges depending upon information sought within the request. Please complete the form as completely as possible to better assist you with your request.

The Clay County Clerk is the Custodian of Records per Ordinance 2001-303. Procedurally the Custodian of Record receives and documents the request before submitting the request to the County Counselor's Office to review and obtain the information from the necessary departments and as appropriately governed under the sunshine law. The Custodian of Record will document the responses until completion of the request per the approval of the County Counselor's Office and file all requests under public record.

**Record(s) Requested By:** \_\_\_\_\_  
First Name Last Name

**Address:** \_\_\_\_\_  
Street City State Zip

**Email:** \_\_\_\_\_ **Phone :** \_\_\_\_\_ **Fax :** \_\_\_\_\_

**Description of Record(s) (if available):**      **Documents**      **Audio**      **Video**      **Other** \_\_\_\_\_

Describe the records as specifically as possible. Please identify specific time periods if necessary. Attach additional sheets as needed.

I understand fees may be required for additional research cost, copies, media, or other as needed (to be disclosed).  
You have authorization to proceed unless fees exceed the amount to follow and I therefore request you to contact me. \$ \_\_\_\_\_

I request the fees be waived to serve the public's interest. Please state how and why the info will be used in the public interest:

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_  
(Requests received after Noon will not constitute a full business day within the 72 hour/3 business day response time)